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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* No, DR

\*\* FOREIGN APPLICATIONS \*\*\*\*\* No, DR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 05/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>DR</u> Initials <u>DR</u>				

## ADDRESS

38881

## TITLE

Signal-to-interference ratio estimation for CDMA

<b>FILING FEE RECEIVED</b> 1082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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